

COVID-19 vaccine billing codes

This guide provides an overview of the billing codes available for activities related to COVID-19 vaccination.¹

Use coronavirus diagnostic code 080 when providing any services related to COVID-19.

Counselling

These codes can be used to bill for counselling your patients about the COVID-19 vaccine, although they apply to any type of patient counselling. You do not have to be the one to administer the vaccine in order to bill for counselling.

In-person

If ≥ 20 minutes:

Service: individual counselling	Service: group counselling
Fee: \$67.75 per unit	Fee: \$67.75 per unit
Fee Code: K013	Fee Code: K040

If < 20 minutes:

For in-person counselling services that do not meet the minimum of 20 minutes, physicians should claim the most appropriate assessment fee/fee code.

Virtual by phone or video service

Billing for virtual care services changed December 1, 2022 with the introduction of permanent virtual care codes. **The temporary virtual care codes K080, K081, K082 and K083 expired November 30, 2022.**

For information on permanent virtual care codes, refer to the [OMA's visual guide](#).

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Administering COVID-19 vaccines

The approach to billing for this work generally depends on who is coordinating the vaccination event from a logistical standpoint, including: determining the operating model and hours, renting space, scheduling staff and vaccinators, etc. The codes listed below are valid for all doses administered in accordance with provincial guidelines (including third doses and booster doses).

**** If you are unsure who is coordinating the vaccination event, check with your Public Health Unit.****

Vaccination events coordinated by your practice

If you are administering COVID-19 vaccines at a site or event that is **coordinated by your practice** (not by a hospital or Public Health Unit), use the G-codes below. These codes have been extended through to March 31, 2024.

All models	With visit for other unrelated insured service	Fee: \$13.00 Fee code: G593 + visit fee
FFS/FHG/CCM and specialists	Sole visit	Fee: \$13.00 + \$5.60 Fee code: G593 (COVID-19 vaccine) + G700 (the basic fee-per-visit premium)
All other PEM*	Sole visit	Fee: \$13.00 + \$5.60 Fee code: G593 (COVID-19 vaccine) + Q593 (sole visit premium COVID-19 PEM)

* includes Family Health Organizations, Family Health Networks, Group Health Center, Rural and Northern Physician Group Agreements, Weeneebayko Area Health Authority, Saint Joseph's Health Center, Toronto Palliative Care Agreements, GP Focus Care of the Elderly, GP Focus HIV, Homeless Shelter Agreements, Sioux Lookout Agreements, and Community Sponsored Agreement/Blended Salary Model.

These codes can be used for vaccinations that take place in your office (e.g. through regular booked appointments or dedicated clinics) or off site (e.g. community centre, parking lot, drive through, etc.), as long as the events are organized by your practice.

Billing notes:

- if you are administering the flu shot at the same time as a COVID-19 vaccine, you can bill G590 (\$4.95) for the flu shot in addition to the applicable COVID-19 vaccination fee codes.
- G593 is eligible for payment for each dose of the two-dose vaccination series.
- for detailed G700 eligibility, refer to [page J3 of the current OHIP Schedule](#)
- if the Public Health Unit has asked your practice to participate in vaccination and provided you with vaccine supply, this alone is NOT considered to be 'coordinated by the PHU'.

What if my patient is uninsured?

As of April 1, 2023, COVID-19 vaccinations rendered to uninsured patients (e.g. international students, out-of-province patients) are no longer eligible for payment.

Vaccination events coordinated by a hospital or the Public Health Unit

If you are administering COVID-19 vaccines at a site or event that **is coordinated by a hospital or Public Health Unit**, use the H-codes below. **The H-codes expired June 30, 2023, however, they can still be claimed for services rendered on or before June 30, 2023.**

- For services provided up to and including March 31, 2023, you have **six months** from the date of service to submit your claims; for services provided between April 1, 2023 and June 30, 2023, you have **three months** from the date of service to submit your claims.
- To bill for administering COVID-19 vaccines in COVID-19 Assessment Centres after June 30, 2023, use the G-codes ([refer to p. 2](#)).

<u>Regular hours</u>	<u>After hours, weekends, holidays</u>
Fee: \$170.00	Fee: \$220.00
Fee code: H409 COVID-19 sessional unit - per one-hour period, or major part thereof	Fee code: H410 COVID-19 sessional unit - per one-hour period, or major part thereof on Saturdays, Sundays, holidays or Monday to Friday after hours (5 p.m. to 7 a.m.)

Billing notes:

- H-codes include any vaccines delivered during the hours scheduled (i.e. both COVID-19 vaccines and the flu shot).
- H-codes may also be used when providing COVID-19 vaccination planning, administrative, or leadership services, when requested by a hospital or public health unit.
- these codes must be billed with an eligible group number that has been assigned to the hospital or Public Health Unit coordinating the services.
- make sure you receive the group number from the scheduling hospital or Public Health Unit, as well as the hours you are scheduled to provide services.
- fee codes H409 and H410 are meant to cover all services provided during the hours scheduled; no other fee codes are eligible for payment.

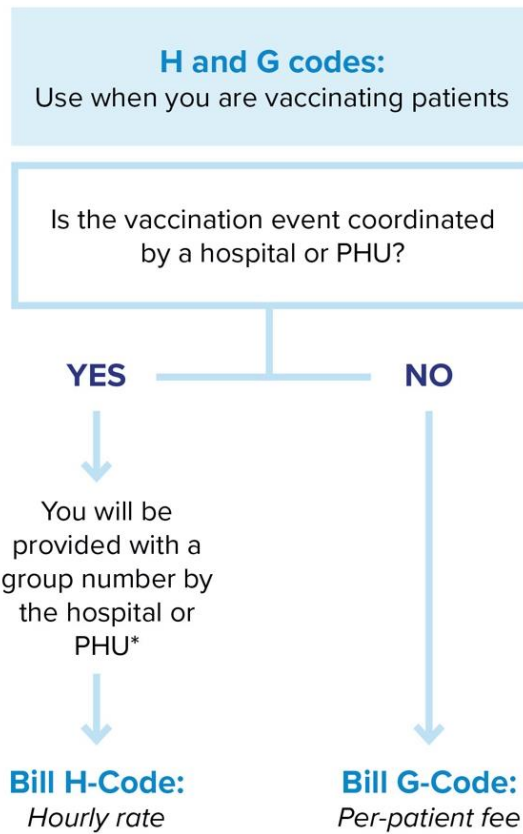
Refer to [Appendix A](#) for a flowchart summary of the required circumstances for billing H and G codes.

Need more information?

For more information, [read FAQs on billing H409/H410 for LTC and congregate care settings](#) and [the ministry’s memo](#).

If you have further questions about the H409/H410 fee codes, contact the ministry’s Service Support Contact Centre (SSCC) at SSContactCentre.MOH@ontario.ca or 1-800-262-6524. You can also contact the OMA response centre at info@oma.org.

Appendix A: Visual guide to use of H and G codes



'Coordinated' refers to who is running the vaccination event from a logistical standpoint, including: determining the operating model and hours, renting space, scheduling staff and vaccinators, etc.

If the PHU has asked your practice to participate in vaccination and provided you with vaccine supply, this alone is NOT considered to be 'coordinated by the PHU'.

***About group numbers**

- If you have been provided with a group number, you must use H-codes to bill for your work at that site (i.e. you cannot elect to use G-codes for this work)
- To bill the H-codes, you must provide your assigned group number
- If you don't know your group number, ask the hospital or public health unit that is coordinating the vaccination event
- If you work at more than one site, you will have multiple group numbers; ensure you reference the correct one with your billings
- No additional claims to OHIP may be made for services rendered during the same time period as H-codes
- If you are not sure which code to bill, contact the ministry's Service Support Contact Centre (SSCC) at SSContactCentre.MOH@ontario.ca or 1-800-262-6524

Appendix B: Additional resources

1. [OHIP INFOBulletin: Temporary COVID-19 Vaccine Fee Code \(MOH\)](#): a memo from the Ministry released March 5, 2021 outlining a temporary fee code for COVID-19 immunization (G593), a COVID-19 vaccine patient facilitation fee (Q007), and clarification for use of the H codes
2. [Physician Compensation for COVID Vaccine Administration FAQ \(OMA\)](#): FAQs related to use of COVID-19 billing codes
3. [Schedule of Benefits: Physician Services Under the Health Insurance Act \(MOH\)](#): the Schedule lists services insured by OHIP, effective July 1, 2022.
4. [OHIP INFOBulletin: Virtual Health Care in Ontario](#): a memo from the Ministry released December 22, 2022 that outlines the virtual care model.
5. [Permanent Virtual Care Codes: A Visual Guide \(OMA\)](#): a visual guide to help physicians understand how to use the new permanent virtual care codes.
6. [OHIP INFOBulletin: Extension of Some Temporary COVID-19 Physician Fee Codes \(MOH\)](#): a memo stating that certain temporary fee codes, including H409 and H410, have been extended until June 30, 2023.

Disclaimer: Every effort has been made to ensure that the contents of this Guide are accurate. Members should, however, be aware that the laws, regulations and other agreements may change over time. The Ontario Medical Association assumes no responsibility for any discrepancies or differences of interpretation of applicable Regulations with the Government of Ontario including but not limited to the Ministry of Health (MOH), and the College of Physicians and Surgeons of Ontario (CPSO). Members are advised that the ultimate authority in matters of interpretation and payment of insured services (as well as determination of what constitutes an uninsured service) are in the purview of the government. Members are advised to request updated billing information and interpretations – in writing – by contacting their regional OHIP office.